

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7	2	1				
8		2				
9		2				
10		2				
11		2				
12		1				
13		1				
14						
15						
16						
17		1				
18		1				
19		1				
20		1				
21						
22						
23						
24						
25						
26	1					
27	1					
28	1					
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1					
37	1					
38		3				
39		3				
40		3				
41		3				
42		3				
43		3				
44		3				
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	18		↓		↓	↓
TOTAL DEP.	40	←	←	←	←	←
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						